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APPLICANTS

Michael Chinander, Owatonna, MN;  
 Bruce Bean, Minneapolis, MN;

\*\* CONTINUING DATA \*\*\*\*\* *None*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials	STATE OR COUNTRY MN	SHEETS DRAWING 1	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 3
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ADDRESS

Mark A. Litman & Associates, P.A.  
 York Business Center  
 Suite 205  
 3209 West 76th St.  
 Edina, MN  
 55435

TITLE

Automatically controlled flow applicator

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